

CLAIMS ONLY						Application Number		Filing Date		
						10LA8009				
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
101		/					51			
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1046							96			
1047							97			
1048							98			
1049							99			
1050							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			